

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS647HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2009
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL AND REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVENUE LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/02/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023256 was substantiated with deficiencies cited. (See Tags S300 and S310)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 300 SS=G	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the</p>	S 300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 300	<p>Continued From page 1</p> <p>disease, condition, impairment or disability from which the patient is suffering.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review, document review and facility policy and procedure review, the facility failed to ensure a patient diagnosed with Alzheimer's dementia and diabetes who was an elopement risk, received proper protective supervision, elopement risk assessment and interventions by the nursing staff to prevent a patient from wandering away from the facility. (Patient #1)</p> <p>Findings include:</p> <p>A facility History and Physical dated 9/24/09 indicated Patient #1 was a 74 year old male with a medical history that included diabetes, hypertension, coronary artery disease and Alzheimer's dementia with confusion and altered mental status. The patient was transferred to the facility from an acute care hospital for rehabilitation. The patient's medications included Aricept used in the treatment of Alzheimer's dementia.</p> <p>On 10/2/09 at 4:00 PM, an interview was conducted with the Chief Clinical Officer. The Chief Clinical Officer reported the patient was transferred from an acute care hospital to the facility on 9/24/09 for rehabilitation services following an evaluation for a possible CVA (cerebral vascular accident). The patient had diagnoses that included Alzheimer's dementia, diabetes and hypertension. The patient's medications included Glipizide and Glucophage</p>	S 300			

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S 300	<p>Continued From page 2</p> <p>for treatment of diabetes and Aricept for the treatment of Alzheimer's disease. The Chief Clinical Officer reported nursing staff documented the patient was confused and disorientated, would frequently walk into other patients' rooms, and required frequent re-direction from nursing staff.</p> <p>The Chief Clinical Officer acknowledged that, while the nursing staff documented the patient's altered thought process on the nursing care plan and were monitoring Patient #1 closely, they failed to initiate and complete the facility's elopement risk assessment even though he was classified as a moderate elopement risk. The Chief Clinical Officer acknowledged the facility's nursing staff allowed the patient to remain in his street clothing which contributed to the patient's ability to walk out of the facility unnoticed by facility staff. The Chief Clinical Officer acknowledged, given the patient's confusion and identified elopement risk, the facility could have arranged for a one to one staff to patient observation to provide protective supervision and prevent the patient from eloping from the facility.</p> <p>Nursing Notes dated 9/27/09, 9/29/09 and 9/30/09 documented Patient #1 was confused and disorientated and wandering into patients' rooms. The patient required frequent re-direction and orientation by nursing staff.</p> <p>The patients Nursing Care Plan dated 9/24/09 indicated the patient's problems included altered thought process, Alzheimer's disease, disorientation, confusion and non compliant behavior. Nursing interventions included monitoring Patient #1 closely.</p> <p>A facility Elopement Incident Report dated</p>	S 300			

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S 300	Continued From page 3 10/1/09 by the Chief Clinical Officer indicated Patient #1 was seen watching television in a common area of the facility on 9/30/09 at 11:30 AM. The nurse went to check on the patient on 9/30/09 at 11:40 AM and found the patient missing. A full facility interior search was conducted. A two mile radius exterior facility search was conducted with negative results. The patient's family members, physician and police were notified. On 10/1/09 at 4:40 PM, the police department called the facility and reported the patient had been located wandering along the Las Vegas Strip. The facility Elopement Risk Assessment Policy/Procedure dated 03/06, last revised 08/06, indicated the facility would assess all patients/residents for elopement potential in order to provide a safe and comfortable living environment. "All patients/residents are assessed on admission by a licensed nurse for elopement risk utilizing the Elopement Risk Assessment Form. The licensed nurse or social service designee completes the Elopement Risk Assessment Form and presents the information to the Interdisciplinary Team for further interventions." Severity: 3 Scope: 1	S 300			
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.	S 310			

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S 310	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to continually assess and provide appropriate care and protective supervision to a patient diagnosed with Alzheimer's disease and failed to implement interventions to prevent the patient from wandering away from the facility.</p> <p>Severity: 2 Scope: 1</p>	S 310			

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